

## CLINICAL RECORDS

### EXTENSIVE TERTIARY SYPHILITIC ULCERATION

#### Introduction

The destructive tendency of the cutaneous lesions of syphilis in the tertiary stage is well known and has been amply portrayed and described in the literature of the last century. Many records exist illustrating the characters of gradual extension over months or years, of eventual healing in some areas while the ulceration spreads into adjacent healthy tissues, of the relative absence of pain, and of recurrence after periods of quiescence. The pathological museums in Great Britain are rich in specimens illustrating tertiary syphilitic lesions which have eventually affected the bones of the skull and the long bones.

Few of the older writers who have described examples of gross ulceration have failed to comment that these extensive lesions appeared much less frequently during the later years of their experience. Similar observations are to be found in the medical literature of the present day. Some of the observers who ponder upon the decreasing frequency of occurrence of these destructive ulcerations consider that the effect of syphilis has slowly become attenuated. The acquisition of a gradual relative immunity of the race after many years of syphilization is

sometimes suggested as an explanation. Four hundred years ago syphilis was introduced into England; each one of us today can share his biological inheritance with about 60,000 ancestors of whom a modest number at the very least could not have escaped syphilitic infection. The possibility of a gradual decrease in virulence of the spirochaete has also received consideration from some authors.

There appears to be no doubt that these extensive lesions have now become infrequent. This rarity is especially noticeable in regard to the very destructive ulcers but even the more benign lesions such as the nodular cutaneous syphilides with little or no destruction of tissue have been apparently much less common in the last decade. One naturally supposes at first that there is much truth in the reasons suggested by the writers of by-gone days for this change in the natural course of syphilis.

The two repellant cases described below remind us that

grossly destructive lesions do still occur. There is much in the history of these cases, brief as they are, to make us pause and reflect upon the untrammelled course of syphilis.

#### Case reports

*Case 1.*—A casual labourer, aged 42, undernourished and in poor physical condition. In 1915 at the age of 20 he suffered from a penile sore for which he was given one injection into the buttock; after this injection the sore healed in two weeks and no further treatment was obtained. Three years later ulcers appeared which slowly spread over his forehead.

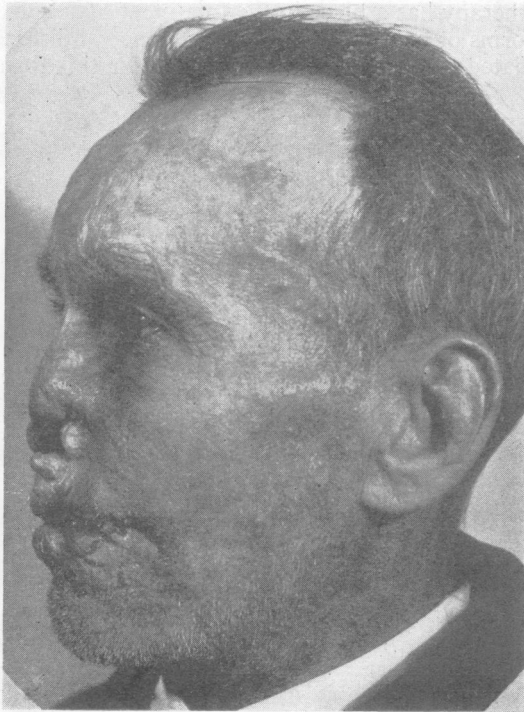


Fig. 1. *The facial condition in Case 1.*

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He applied various ointments assiduously but did not seek medical advice; after many months' duration the lesion healed. The extensive ulceration around the mouth and nasal orifices which began in 1933 failed to respond to local remedies applied by the patient over a period of two years. The photograph (Fig. 1) taken on the first occasion on which he sought medical advice (1935), depicts marked scarring with destruction and distortion of the tissues and some areas of active ulceration around the lips and nasal orifices; the nasal septum was largely destroyed and ulceration could be seen within the nasal cavities. The skin of the forehead was widely scarred and adherent to the frontal bones. The skin of the right leg from ankle to hip was a network of "tissue-paper" scars. The Wassermann and Kahn tests were strongly positive.

The initiation of healing began promptly after two injections of a bismuth compound and moderate dosage of potassium iodide. However, his vagrant nature could tolerate only four visits after which he disappeared. Some few months later my efforts to trace him brought me the news of his death.

*Case 2.*—A widow, aged 48, who could not give any clue to the time of infection except the possibly suggestive history of a prolonged sore throat in 1916 at the age of 28. Ulceration of the scalp and face began in 1928 and slowly continued until 1929 when specific treatment with arsenicals and bismuth was instituted, and continued for some months.

The photographs (Figs. 2 and 3), taken in 1936 at the end of a six-year period without any treatment, revealed destruction of a large area of the scalp which had been replaced by thin scar tissue studded here and there with small oozing sores and adherent to the underlying cranium. X-ray examination showed that the frontal and parietal bones were widely affected with periostitis of the outer table. There was much scattered scarring of the face, contraction of which had produced permanent ectropion of the left eyelid.

The internal structures of the nose appeared to have been liquidated. In contrast to Case 1 there was little active ulceration. The process appeared to have come to an end with the exception of a few small areas on the scalp. The Wassermann reaction which had been positive in 1929 was now negative; the Kahn test still showed a positive result.

### Conclusions

In these two cases the cutaneous lesions were so severe that they approached those so vividly described by past writers. This seems to indicate that syphilis has not greatly altered its historic course. Do we not too readily ascribe the reduction in the occurrence of such gross lesions to the effect of our potent weapons, the organic arsenical compounds and bismuth, during the past twenty-five years? Browsers among old works on syphilis will realize that this change has been proceeding slowly and imperceptibly over a long period—far longer than twenty-five years.

A few moments' thought on the character and habits of these two patients will reveal much to suggest that other factors share in this amelioration. The labourer was unmarried and homeless, a lifelong vagrant of the type so well described by R. L. Stevenson in *The Vagabond*; what likelihood had he in twenty-five years of personal neglect, of poor nutrition and of friendlessness, of subduing his affliction unaided? The woman, a lonely childless widow, was striving to hide from the world the vitriolic marks of this tertiary recrudescence; it is not surprising, therefore, that she should have avoided those social contacts which would have guided her feet to medical advice and care before it was too late.



Fig. 2. Case 2, illustrating the scalp condition.

One cannot avoid thinking that syphilis has changed only a little but that people have changed much. The steady improvement during the last century in the nutrition, the standard of personal cleanliness, the education, and the social and domestic habits of the people have played an important part in producing the benign picture of late cutaneous syphilis as it is usually seen today.

V. E. Lloyd, M.C., M.B., B.S.  
Department of Venereal Diseases,  
Guy's Hospital, London



Fig. 3. Case 2, showing facial distortion after destruction of nasal bones and cartilage.

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|------------|-----|--|
| March 25th | ... | Subject : <i>The Prevention of Prenatal Syphilis.</i><br>Speaker : Dr. Nora Wattie.  |
| April 29th | ... | Subject : <i>A Survey of the Results of the Treatment of Neurosyphilis.</i><br>Speakers : Dr. W. D. Nicol and Dr. M. Whelan. |
| May 20th   | ... | Subject : <i>Penicillin.</i><br>Speaker : Prof. A. Fleming.  |
| July 22nd  | ... | Annual General Meeting.<br>Subject : <i>Venereal Disease Control in the Soviet Union.</i><br>Speaker : Dr. J. A. Scott.      |
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**Penicillin used for sulphonamide-resistant gonorrhoea**

E. N. Cook, T. L. Pool and W. E. Herrell report that penicillin has been used effectively in treating sulphonamide-resistant gonorrhoea. Successful results were obtained with ten men and three women, and more recently seventy-four cases (all men) have been satisfactorily treated. In the fourteen cases mentioned above penicillin was administered by means of the intravenous drip method for this method has proved satisfactory. In these fourteen cases the largest amount of penicillin used for any of the men was 110,000 Oxford units; the largest amount used for any of the three women was 162,000 Oxford units. Penicillin is so easily administered and so small an amount is needed that it is likely that its use will replace the present methods of treating sulphonamide-resistant gonorrhoea.—*Proceedings of the Staff Meetings of the Mayo Clinic*, 17th November, 1943.